

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026304

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7007

STATE FILE NUMBER

FILED JUL 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN ST. LOUIS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ALEXIAN PRAS.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2227A S. 12TH

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILLIAMREMSPECHER

4. DATE OF DEATH

Month

Day

Year

JULY31963

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG 1 1904-58

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BUSINESSMAN

10b. KIND OF BUSINESS OR INDUSTRY

TAVERN

11. BIRTHPLACE (City and state or country)

ST LOUIS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM REMSPECHER

13b. MOTHER'S MAIDEN NAME

MARY POLKES

14. NAME OF HUSBAND OR WIFE

BIRDIE REMSPECHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

BIRDIE REMSPECHER 2227A S. 12TH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Portal Carcinoma of Splenomegaly

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6/17/63

to

7/3/63and last saw him alive on 7/3/63

Death occurred at

7:20 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Grunert MD

22b. ADDRESS

5521 S Rdwy

22c. DATE SIGNED

7/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

JULY 6, 1963

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION

23d. LOCATION (City, town, or county)

ST LOUIS CO. MO

24. FUNERAL DIRECTOR

Thomas Kutsis

ADDRESS

2906 Gravois

25. DATE RECD. BY LOCAL REG.

JUL 5 1963

26. REGISTRAR'S SIGNATURE

Roal Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carly Thompson

Licensed Embalmer No.

4861

P. O. Address

St. Louis 19, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Mr. ~~Strom~~ *Strom*
5521 S. Broadway
FL 3-1911
At Hyanto
1-3 pm. Jan.